



Please type a plus sign (+) inside this box →

PTO/SB/02 (10-00)
Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/830 699
Filing Date	4-19-02
First Named Inventor	Balaban
Group Art Unit	
Examiner Name	
Attorney Docket Number	3908P2538

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

A Power of Attorney or Authorization of Agent is submitted herewith.

OR

Please change the correspondence address for the above-identified application to:

Customer Number →

Place Customer
Number Bar Code
Here

<input type="checkbox"/> Firm or Individual Name	
Address	
Address	
City	
Country	
Telephone	Fax

I am the:

Applicant/Inventor.

"Statement of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

Statement of Record

Name	Dr. Naomi Balaban
Signature	<i>Naomi Balaban</i>
Date	11.15.02

"Statement of record of the inventors or assignees of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is required. See below".

I am the
 Name was authorized

Comments or
Comments or



Please type a plus sign (+) inside this box →

PTO/SB/01 (02-01)

Approved for use through 10/31/2002. OMB 0551-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/839,695
Filing Date	4-19-01
First Named Inventor	Balaban
Title	Methods and Compositions
Group Art Unit	
Examiner Name	
Attorney Docket #	3908P2538

For The...

I hereby appoint:

 Practitioners at Customer Number

23504

Place Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application, as:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number

→

Place Customer
Number Bar Code
Label here

OR

 Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/001)

SIGNATURE of Applicant or Assignee of Record

Name Dr. Naomi Balaban

Signature *Naomi Balaban*

Date 11/15/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

 Total of _____ forms are submitted.

Small Business Statement: This form is estimated to take 2 minutes to complete. The U.S. Patent and Trademark Office is not able to determine the exact time because it depends on the complexity of the individual case. However, if you are self-represented, you must send FEES OR COMMISSION FEES TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.